Finanziamenti privati per la formazione e governance dei conflitti d’interesse

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Continuing medical education has become so heavily dependent on support from drug and medical device companies that the ethical underpinnings and the reputation of the medical profession may be compromised in industrialized countries, drug companies support more than half of continuing medical education activities, and it has been shown that such support can distort the topic selection, entangle the positive elements as well as play down the adverse effects of some interventions, and influence doctors' prescribing habits.1

To reduce the risk of conflict of interest in continuing medical education, it has been proposed that sponsors should not have any influence over the choice of speakers and scientific contents; moreover, providers and speakers of educational events should provide a full disclosure of the support received. Such disclosure, however, does not protect against the risks of an invisible influence of drug companies on providers, speakers, and participants.3

Seven proposals for limiting the commercial support to CME

1. Concentrate on small groups
2. Agree objectives for educational activities
3. Evaluate providers
4. Health institutions should commit resources
5. Make use of new technology
6. Create a central fund
7. Ask doctors to pay
In conclusion, if a more evidence-based approach to continuing medical education is achieved, not only would this result in cheaper solutions but financial support from the drug industry would no longer be required. This is a first good reason for a change. But there is another reason, which is probably even more important. Our patients believe in our competence and honesty. What would happen if they suspected that our continuing education was not only directed at improving our clinical competence and their health but also at promoting commercial interests?

Summary of the findings of this study:
- The quality of patient care is profoundly affected by the performance of healthcare professionals.
- Traditional methods of continuing education are largely ineffective in changing the performance of healthcare professionals and in improving patient care.
- Continuing education should be less entertainment-oriented and more focused on specific clinical topics.
- Industry should support accredited continuing education programs that are evidenced-based and not influenced by drug companies.
- Accredited continuing education programs should be independent of pharmaceutical companies, either directly or indirectly through subsidiary arrangements.
- Current accreditation mechanisms for ensuring education are expensive and time-consuming. Congress should establish a new body of medical educators, reevaluating education's benefits, expenses, and consequences.
- Organizational efforts to ensure pharmacological education are independent of drug companies, with programs accredited by national or local bodies, rather than by educational societies and other healthcare organizations that are influenced by commercial interests.

Industry Support of Medical Education

Should professional medical institutions (medical schools and teaching hospitals) and their staff accept support from industry for their educational programs? This longstanding debate has become more significant in recent years, particularly with respect to so-called continuing medical education (CME). With budgets now approaching $5 billion, CME is more than half supported by industry. Currently, most industry support is distributed through medical education and communication companies (MECCs) that act as agents for the pharmaceutical manufacturers. A more beneficial flow of drug industry funds is expended on personal gifts, dinners, and payments to the physicians on the staff of leading institutions.